

School Readiness Student Absence Form

Date Submitted: _____

Student Name: _____ Grade (Class): _____

Date (s) of Absence: _____ to _____

(Please specify the exact dates of absence)

Details/Justification/Reason for Absence for up to 3 Days per calendar month:

For Excessive Absences Beyond 3 Days in a calendar month with required documentation. Please indicate the event or extraordinary circumstances that apply:

_____ Hospitalization of the child or parent with appropriate documentation (i.e., doctor's note, hospital admission)

_____ Illness requiring home-stay as documented (i.e., doctor's note, parent follow-up statement)

_____ Death in the immediate family with appropriate documentation (i.e., obituary, death certificate, parent follow-up statement).

_____ Court-ordered visitation with appropriate documentation (i.e., court order).

_____ Unforeseen documented military deployment or exercise of the parent(s) (i.e., military orders of deployment, reserve duty).

_____ Doctor appointments or other health-related appointments as documented (i.e., therapy, routine).

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Contact Number: _____

Email Address: _____

Instructions for Parents or Guardians:

Please complete and return this form with supporting documentation from a third party justifying any excessive absences to the school office or your child's teacher within 2 days of your child returning to school.

For planned absences, please submit this form in advance.